



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of:

Examiner: Unassigned

Joel OVIL *et al.*

Art Unit: 2644

Appl. No: 10/613,146

Filed: July 3, 2003

For: METHOD AND APPARATUS
FOR LANGUAGE PROCESSING

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

REQUEST FOR STATUS OF APPLICATION

Sir:

Applicants request a status of the above-identified patent application. Applicants have not received a communication from the U.S. Patent and Trademark Office since receiving a return receipt postcard for the submission of a supplemental declaration on October 31, 2005.

Should the Examiner have any questions regarding this matter, please contact the undersigned at the telephone number shown below.

Date: December 16, 2005

Respectfully submitted,

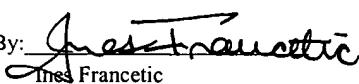
Squire, Sanders & Dempsey LLP
600 Hansen Way
Palo Alto, CA 94304-1043
Tel: (650) 856-6500
Fax: (650) 843-8777

By


Aaron Wininger
Attorney for Applicants
Registration No.: 45,229

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

Date: December 16, 2005 By: 
Ires Francetic



2/19

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TRANSMITTAL FORM

		Application Number	10/613,146
		Filing Date	July 3, 2003
		First Named Inventor	Joel OVIL
		Art Unit	2644
(to be used for all correspondence after initial filing)		Examiner Name	Unassigned
Total Number of Pages in This Submission	4	Attorney Docket Number	62692.00002

ENCLOSURES (check all that apply)

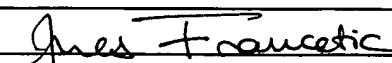
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment After Final <input type="checkbox"/> Declaration of Inventor(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Request for Continued Examination <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> PTO SB/08a <input type="checkbox"/> PTO SB/08b <input type="checkbox"/> Issue Fee Transmittal (PTO-85b) <input type="checkbox"/> New Power of Attorney, Revocation of Previous Powers, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Affidavit	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input checked="" type="checkbox"/> Status Request <input checked="" type="checkbox"/> The Director is authorized to charge any required fees or credit any overpayment to Deposit Acct. No. 05-0150. A duplicate of this sheet is enclosed for this purpose. <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Squire, Sanders & Dempsey L.L.P. 600 Hansen Way, Palo Alto, CA 94304-1043		
Signature			
Printed Name	Aaron Wininger		
Date	December 16, 2005	Reg. No.	45,229

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Signature	
Typed or printed name	Ines Francetic
Date	December 16, 2005

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